

IV. IMPLEMENTATION AND IMPACT CHECK:☐ School☐ District

(TO EVALUATE, AMEND, AND UPDATE THE SCHOOL OR DISTRICT ACTION PLAN)

District Name

Component Manager

School Name

(If App.

Current Date 2/12/04

☐ Public☐ Private, Non-Profit

Objective Label	Activity/ Strategy	* I IP NI	Has This Activity Had IMPACT (Yes) (No)		Evidence of Actual Impact in Terms of Progress and Success <i>(Include strategic measures, not necessarily for each Activity/Strategy)</i>	Outcomes/Observations/New Data Reasons for Progress and Success Or Reasons Expected Impact Did Not Occur

* I=Implement; IP=Implemented Partially; NI=Not Implemented

Adjustments to Ensure Implementation and Appropriate Impact (Follow amendment procedure for major adjustments)